

IgG4 and pregnancy...

Relations to influenza vaccination and COVID injections...



Jessica Rose

17 hr ago

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Dr. Janci Lindsay brought an abstract to my attention this morning. It is entitled: “[Pregnancy increases the IgG4 and decreases the IgG1 response to influenza vaccine \(VAC2P.935\)](#)”. It was published in the Journal of Immunology in May 2014 as an Research article, however, I can only access the abstract.

Thus, I will simply re-post the entire abstract here since it is short.

Abstract

Although the increased morbidity and mortality of influenza during pregnancy provide a compelling reason to vaccinate pregnant women, pregnancy is associated with a decreased hemagglutination inhibition (HAI) response to influenza vaccine. We hypothesized that in addition to this quantitative reduction, pregnancy-associated increases in IL-4, IL-10 and IL-13 secretion might promote production of IgG4 over the better complement- and Fc receptor-activating isotypes, IgG1 and IgG3; such a change might decrease antibody-dependent killing of virus. To begin to evaluate this hypothesis, we compared IgG1, IgG3 and IgG4 anti-H1N1 titers by ELISA in sera obtained from 50 pregnant and non-pregnant 18-39 year old women 24-31 days after vaccination. The IgG1:IgG4 ratio was significantly decreased in pregnant vs. non-pregnant women (29.0±35.0 vs. 69.3±94.1 (mean ± SD), p=0.04). Both HAI (p=0.017) and IgG1 (p=0.047) titers were decreased in trimesters 2 and 3 vs. trimester 1. These changes could be quite marked: 28% of women immunized during trimesters 2 and 3 had a combination of high IgG4/low IgG1 titers that was not seen in any non-pregnant or first trimester vaccinated women. Our results suggest that cytokine-mediated qualitative and quantitative changes in the anti-influenza antibody response may decrease protection in a considerable percentage of women vaccinated during the last 2/3 of pregnancy, which, in turn, suggests a need to consider changes in vaccination for this population.¹

This is very interesting, and needs to be considered in the context of the mRNA shots due to [recent published findings](#) on IgG4 following 2nd and 3rd injections. They note a shift in ratio between IgG1 and IgG4 in pregnant women following flu injection - just like what they found following Comirnaty injection.

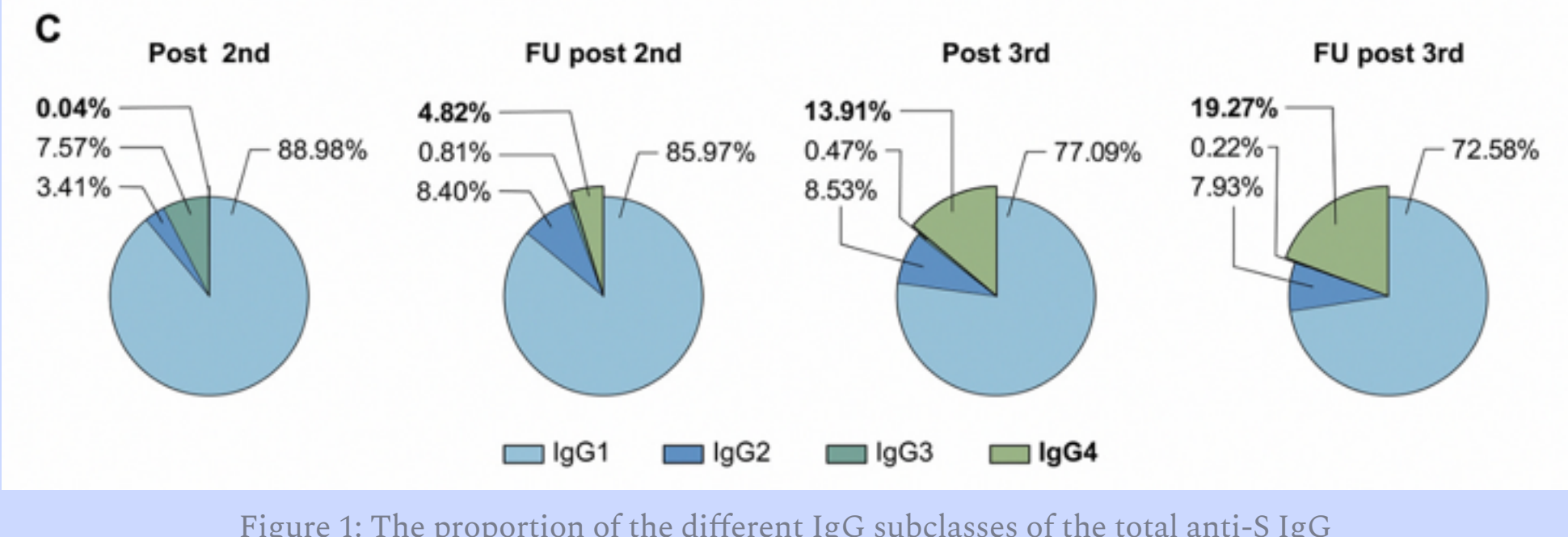


Figure 1: The proportion of the different IgG subclasses of the total anti-S IgG response is shown for the four last time points.
<https://www.science.org/doi/10.1126/sciimmunol.ade2798>

The proportion of IgG1 shown in light blue shifted from 88.98% post 2nd injection to 72.58% following the 3rd whereby the IgG4 shifted from 0.04% following the 2nd injection to 19.27% following the 3rd. This marks an 18.4% decrease in IgG1 percentage and a 48,075% increase in IgG4 percentage. The ratio between IgG1:IgG4 shifted massively, and again, this did not happen in the context of the non-mRNA product.

They conclude that vaccinating women during the last 2/3 of pregnancy is a no-no with regard to decreases in protective immunity induced by the flu shot and that based on their results (and the precautionary principle) that maybe it’s a good idea to stop injecting pregnant women (with shit they don’t need).

Maybe, also based on these observations, we should do the same with the experimental COVID-19 injectable products. The modified mRNA products are gene therapies and in no way, shape or form, should pregnant women be being injected with these products. No. Way.

Have we not learned anything from the past? DDT? Thalidomide? Ring a bell?

One more thing. Something I didn’t know until I looked. IgG can be passed to the foetus via the placental barrier via endosomes “within syncytiotrophoblasts of the placenta, through a pH dependent mechanism involving FcRn receptors, with a possible role for other IgG Fc receptors, yet to be fully elucidated”.^{2,3} They also showed a preferential transfer of IgG4 (and IgG1 and IgG3). Right. So what is the effect, therefore, on the foetus when there is a dramatic shift in IgG subclass ratio to subclass IgG4? I cannot imagine that the effects would be nil.

This IgG1:IgG4 subclass ratio shift is way bigger than most people are realizing, in my opinion. Let’s wait for more data to roll in.

Et le temps passe.

1 Elizabeth Schlaudecker, Sing Way, Fred Finkelman; Pregnancy increases the IgG4 and decreases the IgG1 response to influenza vaccine (VAC2P.935). *J Immunol* 1 May 2014; 192.

2 Vasantha Nagendran, Noel Emmanuel, Amolak S. Bansal, "Does the Maternal Serum IgG Level during Pregnancy in Primary Antibody Deficiency Influence the IgG Level in the Newborn?", *Case Reports in Immunology*, vol. 2015, Article ID 286380, 4 pages, 2015. <https://doi.org/10.1155/2015/286380>.

3 Patricia Palmeira, Camila Quinello, Ana Lúcia Silveira-Lessa, Cláudia Augusta Zago, Magda Carneiro-Sampaio, "IgG Placental Transfer in Healthy and Pathological Pregnancies", *Journal of Immunology Research*, vol. 2012, Article ID 985646, 13 pages, 2012. <https://doi.org/10.1155/2012/985646>.

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53 Comments

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Malignant


Writes Dissident Army

17 hr ago

♥ Liked by Jessica Rose

How's about after all the shit we learned over the last two years, we start upping vitamin D levels, Querticin and zinc, HQC and zinc, vitamin C, Budesonide spray, antibiotics, and all the other stuff we've acquired and do that for a few years...

Then we can come back and revisit the need for this “vaccine” nonsense.

55ReplyGift a subscriptionCollapse***
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Vinu Arumugham

Writes Vinu's Newsletter

16 hr ago

♥ Liked by Jessica Rose

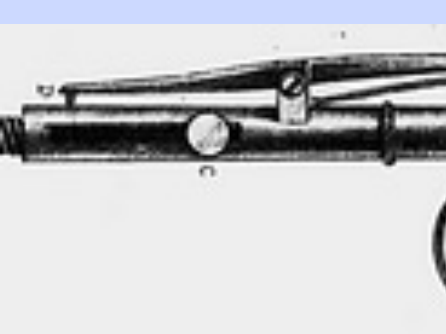
Cow's milk protein contaminated DTap/Tdap vaccines cause IgE synthesis to bovine folate receptor alpha (FRA). When the person drinks milk, they start making IgG4 against FRA. When pregnant, this IgG4 crosses the placenta, cross reacts with human FRA, blocks folate uptake to the fetal brain to cause autism and thyroid problems.

<https://pubmed.ncbi.nlm.nih.gov/28199771/>

<https://vinuarumugham.substack.com/p/cows-milk-protein-contaminated-vaccines>



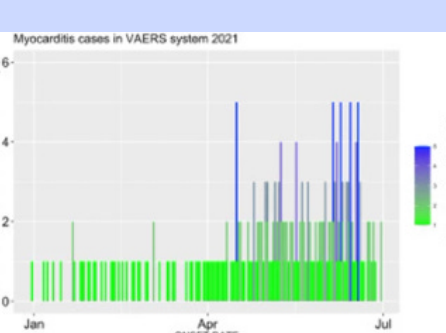
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- 11 replies by Jessica Rose and others

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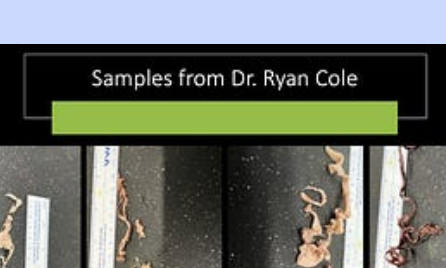
This is one of the emails I received the other day. I get hundreds daily, and I am hearing you all.

This particular note spoke loudly to me and this lovely person gave me permission to share her words.

JESSICA ROSEJUL 17 ♥1,641 D230  
- 



A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable...

Jessica Rose PhD, MSc, BSc and Peter A. McCullough MD, MPH

JESSICA ROSENOV 2, 2021 ♥1,245 D146  
- 

Rewrite: Let's tag team this until everybody understands

The reported spike protein is dangerous and for very specific reasons.

JESSICA ROSEJUN 13 ♥676 D140  

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